

CHAPTER 1 SECTION 26.5

OBSTRUCTIVE SLEEP APNEA SYNDROME (OSAS)

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I. PROCEDURE CODES

21141-21193, 21198, 21499, 42145, 70350, 92511, 94660, 95808-95810

II. DESCRIPTION

Sleep Apnea Syndromes. This is a collective term used to describe a variety of syndromes wherein the patient stops breathing for multiple periods during sleep. It is classified as resulting from obstructive disturbances of the upper airway (OSAS), from central lesions (CSAS), or from mixed causes (MSAS). In sleep apnea, the arterial oxygen saturation decreases as a consequence of the apneic periods. Cardiac arrhythmic may develop and acute elevations of systemic arterial pressure can occur. Depending on the loss of sleep and rest, the patient exhibits varying degrees of fatigue and daytime somnolence, loss of efficiency, and poor performance. Snoring is common and may be the chief complaint. In more marked situations, pulmonary hypertension may lead to right heart failure, fibrillation, and other symptoms of pulmonary insufficiency. OSAS significantly increases mortality rate.

III. POLICY

A. The following diagnostic procedures for OSAS are covered.

1. Cephalometric analysis (CPT code 70350).

NOTE: The CPT nomenclature for this code reads "Cephalogram, orthodontic". Although there are restrictions for orthodontic services under TRICARE, benefits shall be allowed for the cephalogram under the diagnosis of OSAS.

2. Nasopharyngoscopy with endoscope (CPT code 92511).

3. Polysomnography (CPT code 95808-95810). Polysomnography includes recording, analysis, and interpretation of multiple simultaneous physiologic measurements during sleep. The code is all inclusive for the several physiologic measurements recorded, analyzed, and interpreted during the study, therefore, no separate allowance for any component study billed along with polysomnography shall be allowed. Physiologic variables commonly monitored during polysomnography include:

- a. Electroencephalography (EEG);
 - b. Electro-oculogram (EOG);
 - c. Chin and leg electromyography (EMG);
 - d. Electrocardiography (ECG or EKG);
 - e. Airflow;
 - f. Thoracic and abdominal effort assessments; and
 - g. Pulse oximetry.
4. Nasal continuous positive airway pressure study for two consecutive nights (CPT code 94660).

B. Following presurgical evaluation, each patient is classified according to the site of obstruction revealed during the diagnostic workup described above. These classifications include:

1. Type I patients have obstructions limited to the oropharynx.
2. Type II patients have obstructions in both the oropharynx and hypopharynx.
3. Type III patients have obstructions confined solely to the hypopharynx.

C. The surgical procedures listed below for OSAS are undertaken based upon the type of obstruction disclosed during the diagnostic workup and may be considered for cost-sharing:

1. Type I patients undergo uvulopalatopharyngoplasty (UPPP) (CPT code 42145);
2. Type II patients undergo UPPP plus mandibular osteotomy (CPT code 21198) and genioglossus advancement with hyoid myotomy/suspension (GAHM) (CPT code 21499);
3. Type III patients undergo genioglossus advancement with hyoid myotomy/suspension (GAHM) (CPT code 21499).

D. Polysomnography for OSAS is repeated six months post-operatively. If the initial surgical intervention fails to correct the obstructive problem as evidenced by polysomnography, the patient then undergoes maxillary-mandibular advancement osteotomies (MMO) (CPT codes 21141-21193 and 21198). Cost-sharing is allowed for this procedure.

E. An FDA approved dental orthosis may be cost-shared for the treatment of OSAS. The device must be used for the treatment of OSAS and not for adjunctive dental.

IV. POLICY CONSIDERATIONS

A. Referral by Attending Physician. The patient must be referred to the sleep disorder center by the attending physician, and the center must maintain a record of the attending physician's orders.

B. Diagnostic Testing. The need for diagnostic testing is confirmed by medical evidence, e.g., physical examinations and laboratory tests.

C. Claims for diagnostic sleep studies for OSAS shall be processed and paid as outpatient services. Patients who undergo the testing are not considered inpatients, although they may come to the facility in the evening for testing and leave after the tests are completed.

D. Institutional and professional charges related to sleep diagnostic testing performed in a TRICARE-approved hospital are covered only for narcolepsy, sleep apnea, impotency, parasomnia, and suspected epilepsy when the distinction between seizure activity and other forms of sleep disturbances is uncertain on an outpatient cost-sharing basis.

E. Authorized-Freestanding Clinics. Payment may be made for sleep diagnostic testing performed by a freestanding clinic under the "physician-directed clinic" category.

NOTE: A "physician-directed clinic" is one where (a) a physician (or a number of physicians) is present to perform medical (rather than administrative) services at all times the clinic is open; (b) each patient is under the care of a clinic physician; and (c) the non-physician services are under medical supervision.

V. EXCLUSIONS

A. Study, Grant, or Research Programs. Payment may not be made for any services or supplies provided as a part of or under a grant or research program.

B. Diagnostic testing that is duplicative of previous testing done by the attending physician, to the extent the results are still pertinent, is not covered.

C. Diagnostic testing performed in the home is considered medically inappropriate and is not covered.

D. Sleep studies, polysomnography, and diagnostic testing performed in the home is considered medically inappropriate and is not covered.

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